

TRAVEL EXPENSE CLAIM

FA-0302 (REV. 1/1999) Front CT #7541-0620-9

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PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME (First, Mi, Last) Cal T. Rans				SOCIAL SECURITY NUMBER 012-34-5678				DEPARTMENT TRANSPORTATION															
POSITION Transportation Engineer				B.U./M.D. 9				NUMERIC DIST/UNIT (For Check to Be Sent) 59/501				CONTACT PHONE # (Include Area Code) (916) 555-1212											
CLAIMANT'S HOME ADDRESS 1111 Broadway								HEADQUARTERS ADDRESS 1234 Alhambra Blvd.															
CITY Sacramento				STATE CA				ZIP CODE 91234-5678				CITY Sacramento				STATE CA				ZIP CODE 95818-			
(1) MONTH/YEAR August, 03		(3) LOCATION Where Expenses Were Incurred		(4) LODGING		(5) MEALS BREAK-FAST LUNCH		(6) O.T., L.T., N.C. REL. OR DINNER		(7) TRANSPORTATION (A) COST OF (B) TYPE USED (C) CARFARE TOLLS, PARKING (D) PRIVATE CAR USE MILES AMOUNT		(8) BUSINESS EXPENSE		(9) TOTAL EXPENSE FOR DAY									
(2) DATE TIME																							
18 0500		Sacramento-Lindon, UT		66.21		8.36		18.00				A		25 8.50 101.07									
19		Lindon, UT		66.21		5.64		10.00		16.12		4.48		102.45									
20		Lindon, UT		66.21		6.00		9.56		18.00		6.00		105.77									
21		Lindon, UT		66.21		6.00		10.00		12.46		3.00		97.67									
22 1400		Lindon, UT-Sacramento				5.50		7.85		6.00		280.75 RC P 45.00		25 8.50 353.60									
(10) SUBTOTALS				264.84		23.14		45.77		64.58		19.48		280.75		45.00 50 17.00 760.56							
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Quality Assurance-Steel Contractor Inspection												CLAIM TOTAL		\$ 760.56									

(12) NORMAL WORK HOURS 7:00-4:00	SUF. FIX	T. CODE	M. O. D.	SOURCE DIST UNIT	CHG DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FAE	AGCY. OBJ.	AMOUNT	FY	MSA CODE
(13) PRIVATE VEHICLE LICENSE# 4IAM123				59 501	59	912076			7	101	\$342.75	03	
(14) MILEAGE RATE CLAIMED 0.34				59 501	59	912076			7	021	\$417.81	03	
AGENCY ACCOUNTING OFFICE USE ONLY													
PAID BY REV. FUND CHECK #													

(15) I HEREBY CERTIFY that the above line is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE Cal T. Rans	DATE 8-26-03	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT Boss T. Rans	DATE 8-29-03
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse side)			DATE

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING